

**ARIZONA DEPARTMENT OF ECONOMIC  
SECURITY**

**DIVISION OF DEVELOPMENTAL DISABILITIES**

**BILLING MANUAL**



**December 2006**

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## I. GENERAL PURPOSE OF THIS INSTRUCTION

The purpose of this document is to provide assistance and clarification to providers on billing documents and the processes that are necessary in order to file a proper billing claim.

1. **All providers are encouraged to use the Division's electronic billing process.** The advantage of using the electronic submission is an expedited processing of claims for services and review of any denials of those claims resulting in more timely payments. The file layout requirements are posted on the Division's WEB site. **Training may be arranged through Judy Niebuhr.**
2. **The Division will also accept HCFA 1500 and UB 92 claim forms.** If you have questions about this type of claim, please contact Judy Niebuhr.

**Judy Niebuhr is the Division's Accounts Payable Manager. She can be contacted via email at [JNiebuhr@azdes.gov](mailto:JNiebuhr@azdes.gov) or via phone at 602-542-6798, (toll free at 1-866-229-5553).**

3. **Additionally, the Division offers direct deposit.** All providers are encouraged to fill out the direct deposit forms to use the direct deposit option. The advantage to providers is that they receive payments 2 to 5 days quicker than through the mail.

The Direct Deposit form titled "ACH Vendor Authorization Form GAO-618 ACH" and the instructions are posted on the Department of Administration: [www.gao.state.az.us](http://www.gao.state.az.us). On the left side of their site, go to "Vendor and ACH Info". Then near the bottom of the new screen go to: "ACH Vendor Authorization (GAO-618) Form" and "Instructions – ACH Vendor Authorization (GAO-618)".

Complete the form per the instructions – but - **DO NOT SEND IT BACK TO THE DEPARTMENT OF ADMINISTRATION AS INSTRUCTED ON THE FORM. INSTEAD, SEND THE COMPLETED FORM TO:**

Judy Niebuhr, Site 791A  
Accounts Payable  
DDD Business Operations  
1789 W. Jefferson, 4<sup>th</sup> Floor  
Phoenix, AZ 85007

Allow sixty days for processing your request.

4. **For all published billing rules** in the service specifications of the (QVA) contract, refer to the Division's Website. Non-published billing rules are governed by specific contract.

*Billing documents are auditable and legal documents, and must be completed and signed by all parties to be processed.*

## II. DIVISION ELECTRONIC BILLING PROCESS:

- 1. Definition:** The Division's Electronic Billing process is in accordance with the Electronic Import Specification. The specifications are posted on the DDD website, "Professional Billing System Electronic Import Specification." It is highly recommended that if your average monthly billing exceeds \$100,000 that you utilize the Division's Electronic Billing.

All services, delivered on behalf of a specified consumer and paid through the Division of Developmental Disabilities, can be included on your billing disk.

*If you are interested in converting to the electronic system, contact Judy Niebuhr at: 602-542-6798 (toll free at 1-866-229-5553) or email [JNiebuhr@azdes.gov](mailto:JNiebuhr@azdes.gov).*

- 2. Only One Disk may be submitted to the Division per month:** When utilizing the Electronic Billing System, you may only submit one disk to the Division per month. This disk:
  - can include all districts,
  - may include all re-bills for the current fiscal year, and,
  - may include original bills.

You should bill either entirely on disk or paper, **but not both**.

You may include multiple months within the same fiscal year on a disk, and multiple districts on the same disk.

You may not bill for future services.

- 3. Where to Submit Disk:** Submit your disk to:

Judy Niebuhr, Site 791A  
Accounts Payable  
DDD Business Operations  
1789 W. Jefferson, 4<sup>th</sup> Floor  
Phoenix, AZ 85007

- 4. Billing Segments:** You are required to bill on a different line for any breaks in continuous days of service, when rates change or when the Individual Service Plan changes.

For example, if you are billing for Day Treatment and Training for a consumer that goes from Monday through Friday with no break in service (from the 1<sup>st</sup> to the 5<sup>th</sup> of the month), you may bill on one line from the 1<sup>st</sup> to the 5<sup>th</sup>.

You will need to bill a new billing segment (line) for the next week from the 8<sup>th</sup> to the 12<sup>th</sup>, if there was no break in services for that time period and so forth

If a consumer is absent for one day, say on the 3<sup>rd</sup>, you will need to bill from the 1<sup>st</sup> to the 2<sup>nd</sup> on one line; (you cannot bill for absent units except for Room and Board) so the next segment (line) would be from the 4<sup>th</sup> to the 5<sup>th</sup>, and so on.

If there is a change in the Individual Service Plan, a new billing segment is required. For example, if the current Individual Service Plan goes through June 15th and a new one starts June 16th, you will need to bill one segment from June 1 through June 15 if there were no breaks in service - and a new segment for June 16th forward.

The total daily number of units of service for that billing segment, multiplied by your hourly rate will give you the total for that billing segment

For all published - rate services, your rate can be found on the DDD website. [www.azdes.gov/ddd/](http://www.azdes.gov/ddd/).

Click on - "For Important Vendor Information",  
then - "For General Information About Qualified Vendors",  
then - "Rates",  
then - "RateBook".

For non-published rate services, your contract "Price Sheet" determines your billing rate.

An example of a published rate service: You were providing HAI – Habilitation, Independent Setting - from the 1<sup>st</sup> to the 5<sup>th</sup>; 5 days at 2 hours per day for a total of 10 hours.

You are providing this service to two consumers at the same time (1:2 staffing ratio).

In September of 2005, the billable rate was \$11.61/hour per consumer.

Your bill should show 2 hours each day for 5 days for each consumer on two separate lines.

This totals to 10 hours (x) times your rate of \$11.61 for a total of \$116.10 for the five-day billing segment for each consumer.

When doing the math, always use the standard rounding convention. For example, if the calculated number is \$6.345, round **up** to \$6.35, if the calculated number is \$6.344, round **down** to \$6.34

*Each break in continuous dates of service, whether a weekend, absence or a holiday would require a new billing segment.*

***NOTE: All Respite, whether continuous (daily) or short term (hourly) must be invoiced by date of service.***

***For Therapy Services and Nursing - if the family has private insurance and the provider has not been issued a waiver by the Division, a hard copy of the Explanation of Benefits must be attached.***

- 5. Invoice Sheet:** You **are** required to complete the invoice cover sheet. This form: "Monthly Invoice Cover Sheet", is available on the DDD web site.

### III. PAPER - HARD COPY - BILLINGS PROCESS:

**These invoice submittals require data input by division staff into the electronic system. This results in longer processing time.**

**Two Formats: (1) Uniform Billing Document (UBD Short Form), and (2) Date of Service / Uniform Billing Document (DOS / UBD Long form).**

- 1. Definition:** Non-electronic submittal of a claim in the Division's approved Short or Long Form format. Instructions and copies of these forms are located near the end of this document
- 2. One Billing Document per Month:** When utilizing the paper billing, you may only submit one bill to the Division per month. This bill may include all districts and re-bills as well as original bills. You should bill either entirely on disk or paper, but not both.

You may include multiple months within the same fiscal year on a bill, and multiple districts on the same bill.

*Billing documents must be completed in blue or black ink and submitted in paper format, no pencils or White Out will be permitted. Bills not completed in full, signed and dated, will be returned for completion and resubmission.*

**Note:** Bills may not be FAXed

You may not bill for services not yet provided.

- 3. Where to Submit your Paper Bills:** Submit your paper bill to:

Judy Niebuhr, Site 791A  
Accounts Payable  
DDD Business Operations  
1789 W. Jefferson, 4<sup>th</sup> Floor  
Phoenix, AZ 85007

- 4. Billing Segments:** You are required to bill on a different line for any breaks in continuous days of service, when rates change or when the Individual Service Plan changes.

For example, if you are billing for Day Treatment and Training for a consumer that goes from Monday through Friday with no break in service (from the 1<sup>st</sup> to the 5<sup>th</sup> of the month), you may bill on one line from the 1<sup>st</sup> to the 5<sup>th</sup>.

You will need to bill a new billing segment (line) for the next week from the 8<sup>th</sup> to the 12<sup>th</sup>, if there was no break in services for that time period and so forth

If a consumer is absent for one day, say on the 3<sup>rd</sup>, you will need to bill from the 1<sup>st</sup> to the 2<sup>nd</sup> on one line; (you cannot bill for absent units except for Room and Board) so the next segment (line) would be from the 4<sup>th</sup> to the 5<sup>th</sup>, and so on.

If there is a change in the Individual Service Plan, a new billing segment is required. For example, if the current Individual Service Plan goes through June 15th and a new one starts June 16th, you will need to bill one segment from June 1 through June 15 if there were no breaks in service - and a new segment for June 16th forward.

The total daily number of units of service for that billing segment, multiplied by your hourly rate will give you the total for that billing segment.

For all published rate services, your rate can be found on the DDD website. [www.azdes.gov/ddd/](http://www.azdes.gov/ddd/).

Click on - "For Important Vendor Information",  
then - "For General Information About Qualified Vendors",  
then - "Rates",  
then - "RateBook".

For non-published rate services, your contract "Price Sheet" determines your billing rate.

As an example of a published rate service: You were providing HAI – Habilitation, Independent Setting - from the 1<sup>st</sup> to the 5<sup>th</sup>; 5 days at 2 hours per day for a total of 10 hours.

You are providing this service to two consumers at the same time (1:2 staffing ratio).

In September 2005, the billable rate was \$11.61/hour per consumer.

Your bill should show 2 hours each day for 5 days for each consumer on two separate lines.

This totals to 10 hours (x) times your rate of \$11.61 for a total of \$116.10 for the five-day billing segment for each consumer.

When doing the math, always use the standard rounding convention. For example, if the calculated number is \$6.345, round **up** to \$6.35, if the calculated number is \$6.344, round **down** to \$6.34

*Each break in continuous dates of service, whether a weekend, absence or a holiday would require a new billing segment.*

***NOTE: All Respite, whether continuous (daily) or short term (hourly) must be invoiced by date of service.***

***For Therapy Services and Nursing - if the family has private insurance and the provider has not been issued a waiver by the Division, a hard copy of the Explanation of Benefits must be attached.***

***Therapies must be billed day specific.***

- 5. Invoice Sheet:** You **are** required to complete the invoice cover sheet. This form: “Monthly Invoice Cover Sheet”, is available on the DDD web site.

#### **IV. ACCOUNTS PAYABLE CONTACTS**

If you have any questions when preparing your FY06 billing, please direct your questions to Judy Niebuhr. She can be contacted via email at [JNiebuhr@azdes.gov](mailto:JNiebuhr@azdes.gov) or via phone at 602-542-6798, (toll free at 1-866-229-5553).

In addition, the following resources are available:

- 1. Fiscal Intermediary (Public Partnerships LLC) Billing Questions:**  
**Chris Libby-Auer, e-mail - [CLibby-Auer@azdes.gov](mailto:CLibby-Auer@azdes.gov)**

**2. Researching Payments On-Line**

If you are a Qualified Vendor, you can access your payments through the FOCUS system rather than the process described above.

To find your payments on-line go to:

[www.azdes.gov/ddd/](http://www.azdes.gov/ddd/)  
Vendor information  
Qualified Vendor Application Directory Process  
Log in to Vendor Directory  
Input (email and password)  
Professional Billing System  
Reports  
Provider Billing Detail Report

The Division will not send out payments or denials if the contractor is a Qualified Vendor because that information is available through the Professional Billing System.

#### **V. HEALTH CARE PROCEDURE CODE SYSTEM (HCPCS)**

Providers invoicing the Division by the Division's Electronic Billing system shall bill using the three digit alpha code for services contained in the Billing Crosswalk (Document 8). This code table is effective 11/20/06.

However, Providers need to bill in accordance with their service authorizations to prevent billing denials. If you have questions, contact your District Program Manager or your District Administrative Services Officer (ASO)

## VI. DIVISION STAFF RESOURCES

District Program Administrator/Manager and Program staff	Administrative Services Officer, Business Operations and Contracts staff
<p>Cici Bajema, CBajema@azdes.gov Ann Kase, AKase@azdes.gov Bernis Starr, BStarr@azdes.gov (Contracts) Nancy Burdick, NBurdick@azdes.gov Amy Schmerman, ASchmerman@azdes.gov</p>	<p><b><u>District I</u></b> Connie Castles, CCastles@azdes.gov Margie Silva, MargieSilva@azdes.gov, (Contracts) Louise Verdugo, LVerdugo@azdes.gov</p>
<p>Ric Zaheria, RZaharia@azdes.gov Refer questions to Business Operations staff</p>	<p><b><u>District II</u></b> Jodi Miller, JodiMiller@azdes.gov Rosie Blystra, RBlystra@azdes.gov Sylvia Martinez (A-D), SLMartinez@azdes.gov Laura Toone (E-K), LaThompson@azdes.gov Christina Frklich (L-R), CFrklich Gloria Cardenas (S-Z), GCardenas@azdes.gov John Scanlon, JScanlon@azdes.gov (Contracts)</p>
<p>Teri Johnson, TBJohnson@azdes.gov Melinda Parker, MelindaParker@azdes.gov Susan Hawley, SHawley@azdes.gov</p>	<p><b><u>District III</u></b> Bobbie Garcia, BGarcia@azdes.gov Melanie Herrera, MelanieHerrera@azdes.gov Glen McCurley, GMcCurley@azdes.gov (Contracts)</p>
<p>Terri Kennedy, Tkennedy@azdes.gov Tami Gall, TMcIntosh@azdes.gov Michael Merryman, MMerryman@azdes.gov</p>	<p><b><u>District IV</u></b> Robert Rodriquez, RobertRodriquez@azdes.gov Glen McCurley, GMcCurley@azdes.gov (Contracts)</p>
<p>Joseph Priniski, JPriniski@azdes.gov Peggy Lopez, PeggyLopez@azdes.gov Melinda Helmick, MHelmick@azdes.gov LaMonica Baer, LBaer@azdes.gov</p>	<p><b><u>District V</u></b> Carolyn Cummings, CCummings@azdes.gov Glen McCurley, GMcCurley@azdes.gov (Contracts)</p>
<p>Tim Sikkema, TSikkema@azdes.gov Bill Dobias, WDoobias@azdes.gov Jerry Murphy, JerryMurphy@azdes.gov Eva Arbizo, EArbizo@azdes.gov Maria Garcia, MariaGarcia@azdes.gov Barbara Martinez-Maley, BarbaraMartinez-Maley@azdes.gov</p>	<p><b><u>District VI</u></b> Eileen Dobias, EDobias@azdes.gov Margaret Figueroa, MFiguerroa@azdes.gov Glen McCurley, GMcCurley@azdes.gov (Contracts) John Scanlon, JScanlon@azdes.gov (Contracts)</p>
<p><b><u>Arizona Training Program at Coolidge</u></b> Scott Umbreit, Sumbreit@azdes.gov Julene Hollenbach, JHollenbach@azdes.gov</p>	

**VII. DOCUMENTS REFERENCED IN THE BILLING MANUAL**

- 1) Monthly Invoice Cover Sheet - to be attached to both paper and electronic bills.**
- 2) Instructions for Uniform Billing Document (Short Form), Including Place of Service Codes.**
- 3) Uniform Billing Document (Short Form)**
- 4) Instructions for the Date of Service/Uniform Billing Document (Long Form)**
- 5) Date of Service/Uniform Billing Document (Long Form)**
- 6) Professional Billing System and Electronic Import Specifications, Version 1.0**
- 7) Fiscal Intermediary**
- 8) Billing Crosswalk**



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**

1789 W. Jefferson - P.O. Box 6123 - Site Code 791A - Phoenix, Arizona 85005

Janet Napolitano  
Governor

**Division of Developmental Disabilities**  
Telephone: (602) 542-0419 Fax: (602) 542-8193  
TTY/Voice Services: 7-1-1

Tracy L. Wareing  
Director

**MONTHLY INVOICE COVER SHEET**

FROM: \_\_\_\_\_ CONTRACT NO: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PROVIDER ID: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTH ENDING \_\_\_\_\_ TOTAL AMOUNT BILLED \$ \_\_\_\_\_

I certify that the information contained in the attached invoice is correct and is prepared in accordance with the terms of this contract.

\_\_\_\_\_  
PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

Claims should be submitted to the person specified in Part C, Accounts Payable Contacts

**Monthly Invoice Cover Sheet – to be attached to both paper and electronic bills.**

# INSTRUCTIONS FOR UNIFORM BILLING DOCUMENT (Short Form) Not Respite

1. **PROVIDER NAME:** Provider name as contracted with ADES/DDD.
2. **FEI / SSN:** Provider's Federal Employer Identification # or Social Security Number
3. **PROVIDER OF SERVICE AHCCCS ID:** For Therapy Only, enter the providers ID number as assigned by AHCCCS.
4. **MONTH/YEAR OF SERVICE:** The month and year that is being billed. One month per billing document.
5. **SERVICE:** The service that is being billed. One service per billing document.
6. **CONTRACT NUMBER:** The Provider's contract number. The contract number must correspond to the fiscal year that bills are submitted.
7. **DISTRICT:** Circle the appropriate District to be billed for this service.
8. **PROV LOC:** Two letter providers **Location Site Code** where service was delivered. (e.g. AA, AB, etc.)
9. **ASSISTS CONSUMER ID:** This is the ASSISTS consumer identification number assigned by the ADES/DDD.
10. **CONSUMER NAME/LAST:** The consumer's last name.
11. **CONSUMER NAME/FIRST:** The consumer's first name.
12. **SVC START DATE:** First day service was delivered (MM/DD/YY)
13. **SVC END DATE:** Last day service was delivered (MM/DD/YY).  
(If there is a break in consecutive days of service, you need to use a new line)
14. **SVC CODE:** The three-character code that designates the service authorized and delivered. NOTE: Please use only one service code per page.
15. **P.O.S:** Place of Service code, enter the two digit code that indicates the **type of setting** where the service was delivered.

TWO DIGIT CODE	TYPE OF SETTING
11	Office
12	Patient's Residence (home, ADH, CDH, group home, IDLA, etc)
22	Outpatient Hospital
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
54	Intermediate Care Facility/Mentally Retarded
56	Psychiatric Residential Treatment Center
99	Other Unlisted Facility (e.g. park, transportation, store, etc)

16. **DELIVERED UNITS:** Enter the number of units delivered.
17. **ABSENT UNITS:** This is not functional at this time.
- 17a. **NO SHOWS:** **Therapy No Shows** have to be billed as a one-half unit at the full rate. For all No Shows, use TPL column 20 and input "NS". Use a separate line for each No Show and put 0.5 units for each No Show.

18. **TOTAL UNITS:** Enter the total number of units. This is the total of number 16 and number 17.
19. **RATE:** Enter the contracted rate per unit/hour for the service.
20. **TPL CODE:** Third Party Liability Code, do not fill in. The ADES/DDD representative will complete. NOTE: For all consumers having insurance, you must include an Explanation of Benefits (EOB) that corresponds to the service and date delivered or a waiver.
21. **TPL AMT:** Third Party Liability is the amount paid by insurance companies The third Party Liability Amount that is required is the amount you receive - but only up to the maximum of your contracted rate. For example: if the contracted rate is \$70 and the amount you are paid TPL is \$100, enter \$70 (your contracted rate) in column 21 and the amount to bill the Division is \$0.00. If the contracted rate is \$70 and the amount you are paid TPL is \$50, enter \$50 in column 21 and the amount to bill the Division is \$20.00.
22. **TOTAL (ROW):** Enter the total dollar amount billed (billed units/hours x rate = total amount) less any TPL if applicable.
23. **SITE RATE COUNT:** Enter the number of individuals sharing the service at common site, and common time. (i.e. RSP 3 persons multiple consumer. rate for each would be 3. Group home will be number of individuals sharing the day. If absent, still include in number. If vacant, don't include in number.)
24. **ADDITIONAL UNITS:** You may bill extra units of service in addition to those for which you have already been paid as long as they are a legitimate claim. This is done by putting an "X" in this column for the appropriate consumer. You cannot use this column if you billed at the wrong rate or for any other purposes.
25. **TOTAL (COLUMN):** Located in the bottom right corner. Enter the total dollar amount of this column for this page only.
26. **CERTIFICATION STATEMENT:** The Preparer and the Provider must certify to the correctness of the invoice by providing signature, date and telephone number.
27. **TOTAL BILLING AMOUNT SUBMITTED UNDER THIS INVOICE:** Enter the total amount of all pages.



**INSTRUCTIONS FOR DATE OF SERVICE / UNIFORM BILLING DOCUMENT  
(Long Form)**

**This form must be used for Respite.**

- 1. PROVIDER:** Provider name as contracted with DES/DDD.
- 2. FEDERAL EMPLOYER IDENTIFICATION/SOCIAL SECURITY NUMBER:** Provider's Federal Employer Identification Social Security Number.
- 3. ADDRESS:** Provider address.
- 4. GROUP AHCCCS ID:** The Provider's group AHCCCS ID number.
- 5. INDIVIDUAL PROVIDER AHCCCS ID:** The individual provider/therapist's AHCCCS ID number. Not necessary for services not subject to Third Party Liability (TPL) billing.
- 6. CONTRACT NUMBER:** The Provider's contract number. This contract # must correspond to the fiscal year that bills are submitted.
- 7. SERVICE:** The service that is being billed.
- 8. MONTH/YEAR OF SERVICE:** The month and the year that is being billed.
- 9. ADDITIONAL UNITS:** You may bill extra units of service in addition to those for which you have already been paid as long as they are a legitimate claim. This is done by putting an "X" in this column for the appropriate consumer. You cannot use this column if you billed at the wrong rate or for any other purposes.
- 10. PROVIDER LOCATION:** Two letter providers **Location Site Code** where service was delivered. (e.g. AA, AB, etc.)
- 11. CONSUMER NAME**
- 12. CONSUMER ASSIST ID:** This is the ASSISTS consumer identification number assigned by the ADES/DDD.
- 13. INDIVIDUAL DATES OF SERVICE:** Do not fill in with an X. Enter the **number** of units delivered for each specific date of service. If daily unit, enter 1 for each service delivery date; if hourly unit, enter number of service hours delivered each day.
- 14. POS:** The Place of Service code. The two-digit code indicates the **type of setting** where the service was delivered.

**PLACE OF SERVICE:**

<b>TWO DIGIT CODE</b>	<b>TYPE OF SETTING</b>
11	Office
12	Patient's Residence (home, ADH, CDH, group home, IDLA, etc)
22	Outpatient Hospital
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
54	Intermediate Care Facility/Mentally Retarded
56	Psychiatric Residential Treatment Center
99	Other Unlisted Facility (e.g. park, transportation, store, etc)

**15. DELIVERED UNITS:** Enter the number of units delivered.

**16. ABSENT Units:** This in not functional at this time.

**16a. NO SHOWS:** **Therapy No Shows** have to be billed as a one-half unit at the full rate. For all No Shows, use column 16 and input "NS". Use a separate line for all No Shows and put in 0.5 units in the appropriate date box. All other services must be entered as delivered units.

**Therapy Waivers:** *If you are changing your name or your Provider I.D. you must contact Erika Verley at 602-542-6885 or email at EVerley@azdes.gov so you waivers can be switched to the new number. Otherwise, all payments will be denied for these waivers.*

**17. TOTAL UNITS:** Sum of Column 15 and Column 16.

**18. SERVICE CODE:** The 3-digit service code that corresponds to the service being billed under #7 above.

**19. TPL CODE:** For TPL Billing ONLY: Third Party Liability Code. NOTE: For all consumers having insurance, you must include an Explanation of Benefits (EOB) that corresponds to the service and date delivered or a waiver.

**20. TPL AMOUNT:** For TPL Billing ONLY: Third Party Liability amount paid by insurance companies. The third Party Liability Amount that is required is the amount you receive - but only up to the maximum of your contracted rate. For example: if the contracted rate is \$70 and the amount you are paid TPL is \$100, enter \$70 (your contracted rate) in column 20 and the amount to bill the Division is \$0.00. If the contracted rate is \$70 and the amount you are paid TPL is \$50, enter \$50 in column 20 and the amount to bill the Division is \$20.00.

**21. RATE.** Published Rate for service delivery or contracted rate for non-557 services.

**22. TOTAL (Row):** Enter the total dollar amount billed. (billed units/hours x rate = total amount) less any TPL if applicable.

**23. PAGE TOTAL.** Total all of column 22.

**\*PREPARER'S and PROVIDER'S SIGNATURES:** The signature of the individual preparing this invoice.

**\*DATE:** The date on which the preparer signed the invoice.

**NOTE: Uniform Billing Documents will only be accepted after the last date of service for the month billed.**

**DO NOT SHRINK DOWN TO 8.5 X 11 SIZE PAPER**

1. PROVIDER: \_\_\_\_\_  
 2. FEI/SSN: \_\_\_\_\_  
 3. ADDRESS: \_\_\_\_\_  
 4. Group AHCCCS ID: \_\_\_\_\_  
 5. Individual Provider AHCCCS ID: \_\_\_\_\_

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
**DIVISION OF DEVELOPMENTAL DISABILITIES**  
**DATE OF SERVICE UNIFORM BILLING DOCUMENT (Long Form)**  
CIRCLE ONE: District    I    II    III    IV    V    VI    VII  
Bill I.D. Number \_\_\_\_\_

PAGE: \_\_\_\_\_ OF \_\_\_\_\_  
 6. CONTRACT #: \_\_\_\_\_  
 7. SERVICE: \_\_\_\_\_  
 8. MONTH/YEAR: \_\_\_\_\_

Revised 11-06

[illegible]

**I certify that the information contained in this billing document is true and correct and has been prepared in accordance with the terms of the contract**

PREPARER'S SIGNATURE: \_\_\_\_\_ PREPARER'S NAME & TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER'S SIGNATURE: \_\_\_\_\_ PROVIDER'S PHONE NUMBER: \_\_\_\_\_ PROVIDER'S EMAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

DDD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ CLAIM #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

# **Professional Billing System Electronic Import Specification, Version 1.0**

## **Electronic Input**

Electronic bills can be accepted by the DES / DDD Professional Billing System (PBS). Electronic bills must be submitted as follows:

- 3 ½" floppy disk delivered to the DDD Accounts Payable Unit.
- Only 1 file must be submitted per disk.
- File must reside in root of the disk.
- Filename must be in the correct format as specified below.
- File contents (header, detail, and trailer) must be in correct format as specified below.

## **File Naming Standard**

All providers must be issued a 4-character PBS provider code for use in the file name and identification in the database. This usually a code based on the name of the provider and is unique to the PBS. If a provider does not know their code they should contact the DDD prior to file submission.

### *Current Fiscal Year:*

For a billing for the current State Fiscal Year, the file name must be in format:

XXXXYYMM.txt

where XXXX is provider code, YY is year, MM is month.

Ex: PROV0311.txt – Provider: PROV for November FY 2003

## **Resubmission**

A resubmission is an invoice for the previous State Fiscal Year. These files are validated the same as current State Fiscal Year invoices, except that the Month and Year naming convention on the file is slightly different.

file name must be in format:

XXXXRRRB.txt

where XXXX is provider code, RR is the sequential resubmission number, and RB stands for rebilling.

Ex: PROV02RB.txt – Provider: PROV , second rebilling for FY 2002 (assuming the current FY is 2003)

**File Format:****Header Line**

- Must be the first line in the file
- Line Layout

<b>Description</b>	<b><u>Type*</u></b>	<b>Format</b>	<b><u>Length</u></b>	<b><u>Start Position</u></b>	<b><u>Values</u></b>
REC_INDICATOR	AN	AA	2	1	HR
FILE_MONTH	AN	AAA	3	3	JAN thru DEC, RS1 thru RS9
FILE_YEAR	N	NN	2	6	Current or Previous State FY
PROVIDER_ID	AN	XXXXXXXXXX	9	8	

For a resubmission, the Month in the file header and detail will be RS# where # is a value of 1 thru 9 (i.e. RS1, RS2, etc.) indicating the sequential rebilling number from the filename. For a resubmission, the Year in the file header and detail is the previous State Fiscal Year.

**Trailer Line**

- Must be the last line in the file
- Line Layout

<b>Description</b>	<b><u>Type*</u></b>	<b>Format</b>	<b><u>Length</u></b>	<b><u>Start Position</u></b>	<b><u>Values</u></b>
REC_INDICATOR	AN	AA	2	1	TR
REC_COUNT	N	NNNNNNNNNNNNNN	12	3	
TOTAL_UNITS	N	NNNNNNNNNNNN.NN	13	15	
TOTAL_TPL_AMT	N	NNNNNNNNNNNN.NN	13	28	
TOTAL_AMOUNT	N	NNNNNNNNNNNN.NN	13	41	

\* AN – AlphaNumeric

N – Numeric (0 – 9 or decimal point (.) permitted)

**Detail Line(s)**

- Must have at least one (1) detail line between the header line and the trailer line
- Line Layout

<b>Description</b>	<b>Type*</b>	<b>Format</b>	<b>Length</b>	<b>Start Position</b>
PROVIDER_ID	AN	XXXXXXXXXX	9	1
SERVICE_LOCATION	AN	XX	2	10
CONTRACT_NUMBER	AN	XXXXXXXXXX	8	12
CONSUMER_ID	AN	XXXXXXXXXXXX	10	20
CONSUMER_LAST_NAME	AN	XXXXXXXXXXXXXXXXXXXX	16	30
CONSUMER_FIRST_NAME	AN	XXXXXXXXXXXXXXXXXXXX	13	46
SERVICE_START_DATE	AN	MM/DD/YY	8	59
FILLER_BLANK_1	AN		1	67
SERVICE_END_DATE	AN	MM/DD/YY	8	68
FILLER_BLANK_2	AN		1	76
SERVICE_CODE	AN	XXX	3	77
FILLER_BLANK_3	AN		1	80
DELIVERED_UNITS	N	NNNNNNN.NN	10	81
FILLER_BLANK_4	AN		1	91
ABSENT_UNITS	N	NNNNNNN.NN	10	92
FILLER_BLANK_5	AN		1	102
TOTAL_UNITS	N	NNNNNNN.NN	10	103
FILLER_BLANK_6	AN		1	113
RATE	N	NNNNNNN.NN	10	114
FILLER_BLANK_7	AN		1	124
TPL_AMOUNT	N	NNNNNNN.NN	10	125
FILLER_BLANK_8	AN		1	135
TOTAL_AMOUNT_DUE	N	NNNNNNN.NN	10	136
FILLER_BLANK_9	AN		1	146
BILLING_MONTH	AN	AAA	3	147
BILLING_FISCAL_YEAR	N	NN	2	150
FILLER_BLANK_10	AN		1	152
FILLER_BLANK_11	AN		1	153
PROVIDER_CONTROL_NUMBER	AN	XXXXXXX	6	154
FILLER_BLANK_12	AN		1	160
PROVIDER_OF_SERVICES	AN	XXXXXXX	6	161
SERVICE_CODE_REAL	AN	XXX	3	167
PLACE_OF_SERVICE	AN	XX	2	170
FILLER_BLANK_13	AN		3	172
TPL_CODE	AN	XX	2	175

\* AN – AlphaNumeric

N – Numeric (0 – 9 or decimal point (.) permitted)

**File Validation:**

- ✓ Files that contain no errors will be automatically accepted into the PBS.
- ✓ Files with Header or Syntax errors will be automatically denied.
- ✓ The user will have the opportunity to replace, combine, or deny files that have an existing approved file (for the provider, month, and year).
- ✓ Header Checks
  - Provider Code in filename must be valid in Provider table and link to Provider ID in header file record.
  - Month and Year in filename must match the Month and Year in header file record (except for resubmissions RB <> RS).
  - Month and Year in header file record must match the Month and Year in detail file records.
  - Provider ID in header file record must match the Provider ID in detail file records.
  - Sum of Total Units, TPL Amount, and Total Amount in detail file records must match Total Units, TPL Amount, and Total Amount in trailer file record.
  - Record Count in trailer file record must be a valid numeric and in correct format (see layout).
  - Total Units, TPL Amount, and Total Amount in trailer file record must be valid numerics and in correct formats (see layout).
  - Start Date and End Date must fall within the provider's start date and end date (in Provider table).
- ✓ Syntax Checks
  - Numeric fields (Delivered Units, Absent Units, Total Units, Rate, TPL Amount, and Total Amount) must have decimal point (.) in correct location (see layout) and must not be blank.
  - Date fields (Start Date, End Date) must have slashes (/) in correct locations (see layout).
- ✓ Data Checks
  - Numeric fields (Delivered Units, Absent Units, Total Units, Rate, TPL Amount, and Total Amount) must be valid numerics.
  - Date fields (Service Start Date, Service End Date) must be valid dates.
  - Start Date must be earlier than the End Date.
  - All detail file records must contain consumer-related services (i.e. Consumer Id <> 0000000000, blank)
- ✓ Warnings
  - Blank lines found in file are ignored during validation and are not sent to mainframe.

**Common Errors**

The following errors have been identified in initial vendor file submissions:

- No blank number fields should be transmitted. 0.00 should be transmitted instead of a blank.
- All consumer ids must have leading 0's. The file cannot pass the import routine without them.

***Public Partnerships, LLC  
Fiscal Intermediary Services for  
The Department of Economic Security  
Division of Developmental Disabilities***

Dear District 1 Agency Service Provider:

On July 1, 2005, the Division of Developmental Disabilities (Division) will begin providing fiscal intermediary services to consumers residing in District 1. Fiscal intermediary services are being implemented to insure the proper payment of independent providers and to assist consumers to manage their service authorization. Under the Division's direction, fiscal intermediary services will be phased-in by District over the next several months.

Effective July 1, 2005, the Division will issue service authorizations for District 1 consumers who are enrolled in fiscal intermediary services to Public Partnerships, LLC (PPL). **For your agency this change means that invoices for services delivered to fiscal intermediary consumers after July 1, 2005 must be mailed to Public Partnerships, LLC, not to DES/DDD.**

To reduce disruption in your billing practices, we have designed the fiscal intermediary payment system to mirror the standard Professional Billing System (PBS) process. There are options outlined in this letter for your agency to submit an electronic invoice, a non-electronic invoice, and to receive payment via electronic funds transfer (EFT).

**SERVICES CONFIRMATION CONTACTS**

Agencies may contact the staff below to confirm the following information:

- Whether a consumer is authorized to PPL, and
- Type of Service Authorized, and
- Number of Service Units Available PPL

Please contact:

Public Partnerships, LLC  
Customer Service Center  
800-391-5193

Bernis Starr  
East Maricopa Area  
480-831-1009

Nancy Burdick  
Central Maricopa Area  
602-231-9218

Anne Kase  
West Maricopa Area  
602-375-1403

Chris Libby-Auer, DDD  
Central Office Business Operations, FI Project Team  
602-364-1864

### **SERVICES IMPACTED BY CHANGE**

FI consumers may be authorized by the Division to receive any or all of the following services:

- Attendant Care, Family
- Attendant Care, Non-Family
- Habilitation, Support
- Habilitation, Individually Designed Living Arrangement
- Housekeeping
- Respite Care

NOTE: The authorization is service specific, and a consumer may have one service authorized to PPL, but have another service authorized directly to an agency.

### **RESPITE DAILY CHANGE (CURRENT PRACTICE DEVIATION)**

The only deviation from current billing practices is as follows:

Respite daily will be amended by the Division to apply when respite hours are in excess of 13 hours in a calendar day. This will replace the current contract provision for the application of the respite daily rate.

When billing PPL for respite services when the daily rate applies, the agency will indicate the number of hours delivered in each calendar day instead a single daily unit. This of course means, each calendar day when the daily respite applies, and must be a separate billing segment.

### **ELECTRONIC INVOICE PREPARATION AND MAILING INSTRUCTIONS (PREFERRED)**

Please follow the billing instructions below to receive payment.

- Electronic bills can be accepted by PPL using the DES/DDD PBS file specification. Electronic bills must be submitted as follows:

Deliver a CD or 3 ½" floppy disk to:

Public Partnerships, LLC  
P.O. Box 3767  
Phoenix, AZ 85030

- Only 1 file must be submitted per disk
- File must reside in root of the disk
- Filename must be in the correct format as specified below:

File contents (header, detail, and trailer) must be in correct format as specified in the DES/DDD Professional Billing System (PBS) file specification.

### **NON-ELECTRONIC INVOICE PREPARATION AND MAILING INSTRUCTIONS**

If you *cannot* produce an electronic invoice, please mail a paper invoice to:

Public Partnerships, LLC  
P.O. Box 3767  
Phoenix, AZ 85030

The paper invoice must contain all information required by the Division's Uniform Billing Document (UBD). A PPL version of this invoice is available from PPL at your request. A properly completed invoice does not require an invoice cover sheet. Below are the standard data elements that are required to produce a claim payment:

- |   |   |
|---|---|
| 1. Provider Name                                  | 13. Place of Service (POS)                  |
| 2. (Provider) FEI/SSN                             | 14. Delivered Units (DEL UNITS)             |
| 3. Provider ACCCHS ID                             | 15. Total Units                             |
| 4. Month/Year of Service                          | 16. Rate                                    |
| 5. Service  | 17. Total                                   |
| 6. Provider Location (PROV LOC)<br>/DDD site code | 18. Preparer's Signature and Date           |
| 7. ASSISTS Client ID                              | 19. Preparer's Name and Telephone<br>Number |
| 8. Client Last Name                               | 20. Provider's Signature and Date           |
| 9. Client First Name                              | 21. Provider's Name and Telephone<br>Number |
| 10. Service Start Date                            |   |
| 11. Service End Date                              |   |
| 12. Service Code                                  |   |

## **PPL PAYMENT PROCESSING PROCEDURE (GENERAL)**

Upon receipt of your agency's invoice, PPL staff will apply the following procedures to process your claim(s):

1. PPL will pay your invoice based on service authorization and rate look-up information that is provided weekly from DES/DDD.
2. PPL operates a downtown Phoenix office, where staff will collect Post Office Box deliveries at least once per business day.
3. Payment processing will occur every two weeks from PPL's Document Processing Center in Boston, MA. PPL will pay clean claims within 30 days.
4. Payments and detailed remittance advice reports will be mailed first class postage to the address indicated on a submitted IRS Form W-9, Request For Taxpayer Identification Number.
5. Partial payment of invoices will be processed, so if a portion of your claim is not valid the "clean" portions will be paid.
6. If there is a problem with your invoice PPL staff will contact your agency directly.

## **SUBMIT SIGNED IRS FORM W-9 WITH FIRST INVOICE TO PPL**

**Your agency's first invoice to PPL must be accompanied by a signed IRS Form W-9, Request for Taxpayer Identification Number.** Form W-9 only needs to be submitted once and is available at [www.irs.gov](http://www.irs.gov). PPL will use Form W-9 to establish your payment remittance address and, if your agency received more than \$600 from PPL during the calendar year, to prepare an IRS 1099M Miscellaneous Income Return. Please contact PPL if you have any questions about this requirement because we cannot process your payment without a valid W-9 on file.

## **ELECTRONIC DEPOSIT**

Your agency may elect to receive electronic payment from PPL. To apply, please contact PPL to receive an EFT application. Upon receipt of the signed application, a PPL representative will contact your agency to confirm that the account has been established. Typically, PPL will issue your first payment in paper form since it may take up to 5 business days to confirm the EFT account between the banks.

## **CONTACT PUBLIC PARTNERSHIPS, LLC**

If you have any questions regarding this PPL process, please call us at (800) 391-5193. Thank you for your cooperation, and we look forward to working with your agency.

DDD CODE	HCPCS CODE	FOCUS DESCRIPTION
AAD	E1399	ADAPTIVE AIDS & DEVICES
AAR	E1399	ADAPTIVE AIDS & DEVICES REPAIR
ABS	189	ABSENCE (RESIDENTIAL) State Operated Only/ICF
AFA	H0046	ASSESSMENT FOLLOW-UP
AFC	S5125	ATTENDANT CARE (FAMILY)
ALC	T2031	ASSISTED LIVING CENTER
ALH	T2031	ASSISTED LIVING HOME
ANC	S5125	ATTENDANT CARE (NON FAMILY)
ASA	H2000	ASSESSMENT, MED DIRECTOR
ASI	H0031	ASSESSMENT, SPEC CONSULT, CO APPROVED
ASM	T1023	ASSESSMENT - COURT ORDERED
ASP	H2000	ASSESSMENT FOLLOW-UP
AST	H0046	ASSESSMENT Certified Non-Physician (Masters level)
ATC	S5125	ATTENDANT CARE (DO NOT AUTHORIZE)
ATF	DD001	ASSISTANCE TO FAMILIES
ATP	DD002	AZ TRAINING PROG TRUST FU
AUD	V5008	AUDIOLOGY
CBE	H2023	CENTER BASED SUP EMPLOYMENT (ST. DT. 12/05)
CLS	DD003	COMMUNITY LIVING SVC
CMG	DD004	CASE MANAGEMENT/ SUPPORT COORDINATION, non-QVADS, DUAL ROLE
CMS	T2022	SUPPORT COORDINATION, QUAL. VENDOR
CON	H0032	CONSULTATION (WAS CN1)
COU	H0039	COUNSELING (WAS CO1)
CPG	T2022	CONTRACTED CASE MANAGEMENT (DO NOT AUTHORIZE)
DAS	T2027	DAY TREATMENT & TRAINING - CHILD (DO NOT AUTHORIZE)
DES	D0120	DENTAL SERVICES
DH1	T2027	EARLY INTERVENTION (Dual role)
DSI	T2027	EARLY INTERVENTION-SPEC INSTR CHILD 0-3
DTA	T2021	DAY TREATMENT & TRAINING - ADULT
DTS	T2027	DAY TREATMENT & TRAINING (SUMMER)
DTT	T2027	DAY TREATMENT & TRAINING- CHILD (AFTER SCHOOL)
ESA	H2025	EMPLOYMENT SUPPORT AIDE (ST. DT. 12/05)
EYE	V2799	EYE DOCTOR - STATE OP
FIM	T2040	FISCAL INTERMEDIARY FEE
GRD	H2016	GUARDIANSHIP (NOT QUALIFIED VENDOR)
GSE	T2019	GROUP SUP EMPLOYMENT (ST. DT.12/05)
GUA	DD016	GUARDIANSHIP, QUALIFIED VENDOR (ST. DT. 10/06) INITIAL ESTAB
GUM	DD017	GUARDIANSHIP, QUALIFIED VENDOR (ST. DT. 10/06) ONGOING MONTHLY
HAA	S5140	DEV HM-STATE DIRECT, ADULT (NO 1099)
HAB	T2016	HABILITATION SERVICES - GROUP HOME
HAC	H0041	DEV HM-STATE DIRECT, CHILD (NO 1099)
HAH	H2014	HABILITATION SERVICES - SUPPORT - HOURLY
HAI	T2017	HABILITATION SERVICES - INDIV. DESIGNED LIVING ARRANGEMENT, HOUR

DDD CODE	HCPCS CODE	FOCUS DESCRIPTION
HAM	G0176	HABILITATION, HOURLY, MUSIC
HAN	T2016	HABILITATION, NURS SUP GROUP HOME
HBA	T2016	VENDOR SUP DEVEL HOME, ADULT
HBB	H2019	HABILITATION, HOURLY, SPEC BEHAVIOR (BACHELORS )
HBC	T2016	VENDOR SUP DEVEL HOME, CHILD
HBM	H2019	HABILITATION, HOURLY, SPEC BEHAVIOR (MASTERS )
HCH	T1013	HABILITATION, HOURLY, SKILLS TRNG, COMMUNICATION
HDM	S5170	HOME DELIVERED MEALS
HFC	DD018	HAC-FC STIPENDS
HHA	S9122	HOME HEALTH AIDE
HIA	S5140	DEV HM-LINKED, D3, ADULT (NO 1099)
HID	T2016	HABILITATION SERVICES - INDIV. DESIGNED LIVING ARRANGEMENT, DAILY (FY 06)
HN1	S9123	NURSING, RN/LPN, HOURLY
HN2	S9123	NURSING, RN/LPN, HOURLY (DO NOT AUTHORIZE)
HN3	S9123	NURSING, RN/LPN, HOURLY (DO NOT AUTHORIZE)
HN4	S9123	NURSING, RN/LPN, HOURLY (DO NOT AUTHORIZE)
HN5	S9124	NURSING, RN/LPN, HOURLY (DO NOT AUTHORIZE)
HN7	S9123	NURSING, RN/LPN, HOURLY (DO NOT AUTHORIZE)
HN8	S9123	NURSING, RN/LPN, HOURLY (DO NOT AUTHORIZE)
HN9	S9123	NURSING, RN/LPN, CONTINUOUS
HNC	T1001	DDD HEALTH SERVICE NURSE CONSULTANT
HNR	S9123	NURSING, RN/LPN, HOURLY, RESPITE
HPD	H2018	HABILITATION SERVICES - COMMUNITY PROTECTION/TREATMENT GROUP HOME
HPH	H2017	HABILITATION SERVICES - COMMUNITY PROTECTION/TREATMENT PROGRAM HOURLY
HR1	S9123	NURSING, RN/LPN, HOURLY, RESPITE (DO NOT AUTHORIZE)
HR2	S9123	NURSING, RN/LPN, HOURLY, RESPITE (DO NOT AUTHORIZE)
HR3	S9123	NURSING, RN/LPN, HOURLY, RESPITE (DO NOT AUTHORIZE)
HR4	S9123	NURSING, RN/LPN, HOURLY, RESPITE (DO NOT AUTHORIZE)
HR5	S9124	NURSING, RN/LPN, HOURLY, RESPITE (DO NOT AUTHORIZE)
HR7	S9123	NURSING, RN/LPN, HOURLY, RESPITE (DO NOT AUTHORIZE)
HR8	S9123	NURSING, RN/LPN, HOURLY, RESPITE (DO NOT AUTHORIZE)
HR9	S9123	NURSING, RN/LPN, CONTINUOUS, RESPITE
HRS	T1028	HOME RECRUIT/STUDY (ACYF)
HS1		655 HOSPICE INPT RESPITE
HS2		656 HOSPICE GEN INPT CARE
HS3		656 HOSPICE GEN INPT CARE (DO NOT AUTHORIZE)
HS4		656 HOSPICE GEN INPT CARE (DO NOT AUTHORIZE)
HS5	S9126	HOSPICE GEN INPT CARE (DO NOT AUTHORIZE)
HS6		656 HOSPICE GEN INPT CARE (DO NOT AUTHORIZE)
HS7	S9126	HOSPICE GEN INPT CARE (DO NOT AUTHORIZE)
HS8	S9126	HOSPICE GEN INPT CARE (DO NOT AUTHORIZE)
HSK	S5130	HOUSEKEEPING - CHORE/HOMEMAKER
ICM		190 ICF/MR

DDD CODE	HCPCS CODE	FOCUS DESCRIPTION
IFP	S9482	INTENSIVE FAMILY PRESERVATION AND REUNIFICATION (ACYF)
ISE	H2024	INDIVIDUAL SUP EMPLOYMENT (ST. DT.12/05)
JOB	T2019	INDIVIDUAL SUP EMPLOYMENT (END 11/05)
JSM	H2024	JOB SUPPORT MODIFIER (DO NOT AUTHORIZE)
MOD	S5165	ENVIRONMENTAL MODIFICATION
NAM	T1015	NON-ACUTE MED CLT SPECIFIC - STATE OPERATED
NEI	S9470	NUTRITION SERVICES
NF1		192 NURSING FACILITY LEVEL 1
NF2		193 NURSING FACILITY LEVEL 2
NF3		194 NURSING FACILITY LEVEL 3
NSA	T1001	NURSING SERVICES ASSESSME (DO NOT AUTHORIZE)
OCE		97003 OCCUPATIONAL THERAPY-EVAL (0-3, 3+)
OCT		97530 OCCUPATIONAL THERAPY (0-3, 3+)
ONE	DD019	ONE TIME EXPENSE
PAS	H0025	PARENT AIDE SERVICE
PCP	T2024	PERSON CENTERED PLAN (FY 06)
PEV	DD013	PROGRAM EVALUATION
PHE		97001 PHYSICAL THERAPY EVALUATI (0-3, 3+)
PHT		97110 PHYSICAL THERAPY (0-3, 3+)
PSA		90802 PHYSICIAN SVC ASSESS PSYCHIATRIC
PSH	H0038	PEER SELF HELP
PSS	H0032	PROF SPECIALITY SVCS
PSY		90804 PHYSICIAN SVC-PSYCHIATRIS
RBD	DD031	ROOM AND BOARD, VENDOR SUPP DEV HOME (HBA, HBC)
RBF	H2022	ACYF FILLED BED (FY 06)
RBH		185 RESID BED-HOLD HOSPITAL
RBS	DD032	ROOM AND BOARD, STATE DIR DEV HOME (HAA, HAC) (NO 1099)
RBT		183 RESID. BED-HOLD-THERAPEUTIC
RLD	T2033	RESID LIVING AND DEVELOPMENT
RP1	S5181	RESPIRATORY SERVICES
RRB	DD030	ROOM & BOARD, ALL GROUP HOMES
RSD	S5151	RESPITE DAILY
RSP	S5150	RESPITE - HOURLY
RTC		114 RESIDENTIAL TREATMENT CENTER
RXP	DD020	RSP ADMIN ADJUSTMENT
SAL	DD014	STIPENDS AND ALLOWANCES
SAR	T2038	SOCIALIZATION AND RECREATION
SEP	T2019	SHELTER EMPLOYMENT (END 11/05)
SHL	H2016	SHELTR CARE ACYF
SPE		92506 SPEECH THERAPY EVALUATION (0-3, 3+)
SPG		92508 SPEECH THERAPY GROUP (0-3, 3+)
SPP	DD013	SPP HOUSEKEEPING
SPT		92507 SPEECH THERAPY (0-3, 3+)

DDD CODE	HCPCS CODE	FOCUS DESCRIPTION
SUP	T2019	HABILITATION, SUPPORTED EMPLOYMENT, (END 12/06)
T01	A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN (DO NOT AUTHORIZE)
T02	A0100	NON-EMERGENCY TRANSPORTATION; TAXI (DO NOT AUTHORIZE)
T03	S0215	TRANSP-OTHR-NON-DAY PGMS (DO NOT AUTHORIZE)
T04	T2001	TRANSP-OTHR-NON-DAY PGMS (DO NOT AUTHORIZE)
T05	T2005	TRANSP-OTHR-NON-DAY PGMS (DO NOT AUTHORIZE)
T06	T2007	TRANSP-OTHR-NON-DAY PGMS (DO NOT AUTHORIZE)
T07	T2049	TRANSP-OTHR-NON-DAY PGMS (DO NOT AUTHORIZE)
TR1	T2003	TRANSPORTATION, SCHEDULED (FY 04)
TR4	Z3610	TRANSPORTATION (RSA) (END 11/05)
TRA	T2003	TRANSPORTATION-DAY PGMS
TRE	T2003	TRANSPORTATION-EMPLOYMENT RELATED (ST. DT.12/05)
TRI	A0090	TRANSP-INDIV INDEP PROVIDER
TRO	T2003	TRANSP-OTHR-NON-DAY PGMS
TRX	DD021	TRANSP DIR PAY-CONSUM NO
ZAL	DD015	FC PERSONAL ALLOWANCE
ZBT	DD005	FC BOOKS/TUITION (NO 1099)
ZCA	DD006	FC EMERG SPEC CLOTHNG (NO 1099)
ZFO	DD007	FC FORMULA (NO 1099)
ZIA	DD008	FC DIAPERS (NO 1099)
ZLB	80100	FC BLOOD/DRUG TESTING
ZLO	DD009	FC CLOTHING (NO 1099)
ZMS	DD010	FC MEDICAL SUPPLIES (NO 1099)
ZRC	DD011	FC OVERNIGHT RESID. CAMP (NO 1099)
ZSN	DD012	FC SPECIAL NEEDS PAYMENT (NO 1099)